ERPS
EASTERN REGIONAL
PAIN SPECIALISTS
2605 Hospital Road, Goldsboro, NC 27534
P: 919-751-8444 - F: 919-751-0890

Patient Information

Name: _____ SSN: _____
Street Address: _____ DOB: _____
City/State/Zip: _____
- Email: _____ Gender: ____Male _____Female

Physical Address Same as Mailing? If not, _____
Preferred Phone: _____ ____Home ____ Mobile ____Work
Secondary Phone: _____ ____Home ____ Mobile ____ Work
Driver's License #/State: _____
Emergency Contact: _____Telephone: _____ Relationship: _____
Marital Status: _____ Married _____Single_____ Widowed _____ Divorced _____Other
Race: _____ African American: _____ White: _____Other: _____Refuse to report
Ethnicity: _____Hispanic _____ Non-Hispanic _____Refuse to report
Primary Language: _____ English _____ Spanish _____Other

Employer

Company Name: _____ Telephone Number: _____
Street Address: _____ City/State/Zip: _____

Is your pain a result of a motor vehicle accident, personal injury or a work-related injury? _____
If so, have you hired an attorney? Please provide name _____
Claim # _____Telephone number _____ Date of injury _____

Worker Compensation Claim Information
Complete this section ONLY if your visit is related to a Workers Compensation Claim

Workers Comp Company: _____ Agent Name: _____
Telephone Number: _____Fax Number: _____
Claim Number: _____ Date of initial injury: _____

Revised: 12.20.2021